



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

03/16/92

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD986626695

FACILITY NAME -> POWER CONVERSION INC

MAILING ADDRESS -> 90 DAYTON AVE BLDG 25
PASSAIC, NJ 07055

INSTALLATION ADDRESS -> 90 DAYTON AVE BLDG 25
PASSAIC, NJ 07055

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: DIGENNARO, PHILIP
SAFETY MGR
POWER CONVERSION INC
495 BOULEVARD
ELMWOOD PARK, NJ 07407

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



United States Environmental Protection Agency

Notification of Regulated Waste Activity

Date Received
(For Official Use Only)

92-04-24

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(complete Item C)

C. Installation's EPA ID Number

NJD 9867026295

II. Name of Installation (Include company and specific site name)

POWER CONVERSION INC.

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

90 DAYTON AVE

Block 25 per Plat 2/25/92 12:15 N

Street (continued)

City or Town

PASSAIC

State

ZIP Code

NJ 07055

County Code

County Name

PASSAIC

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

DIGENARO

First

PHILIP

Job Title

SAFETY MGR

Phone Number (area code and number)

201-796-4801

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

495 BOULEVARD

City or Town

ELMWOOD PARK

State

ZIP Code

NJ 07407

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

HEMSLEY SPEAR INC.

Street, P.O. Box, or Route Number

90 DAYTON AVE

City or Town

PASSAIC

State

ZIP Code

NJ 07055

Phone Number (area code and number)

201-473-8806

B. Land Type

P

C. Owner Type

P

D. Change of Owner
Indicator

Yes

No

(Date Changed)
Month Day Year

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☒ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - Indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - Indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐
2. Corrosive (D002) ☒
3. Reactive (D003) ☒
4. EP Toxic (D000) ☐
- (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
-

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature



Name and Official Title (type or print)

Safety Manager

Date Signed

JAN 22, 1992

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

* RCRIS: Notification View Screen 2 of 5 *

* EPA Id: NJD986591584 Other Id: Merge Send: Y *
* Date Received(MMDDYYYY): 100590 Source(N/E/S N Non-Notifier Flag: *
* Date Acknowledged (MMDDYYYY): Send Acknowledgement: *
* Name of Installation: AMERICAN CHEMICAL INDUSTRIES *
* Installation Location Address *
* Streets: 90 DAYTON AVE *
* City: PASSAIC State: NJ Zip: 07055 *
* County Code: 031 County Name: PASSAIC *
* Installation Mailing Address *
* Streets: 360 W 38TH ST *
* City: NEW YORK State: NY Zip: 10025 *
* Contact Information *
* Last Name First Name Title Phone Address(M,L,O)*
* HASSAN RALPH PRES 2128730422 L *
* Streets: 90 DAYTON AVE *
* City: PASSAIC State: NJ Zip: 07055 *
* Land Type: *

* Enter-Continue F1-Previous Scr F2-Cancel F3-Exit *

* RCRIS: Notification View Screen 3 of 5 *

* EPA Id: NJD986591584 Other Id: Source: N *
* Owner Sequence Number: 1 *
* Ownership: PASSAIC INDUSTRIAL CENTER ASSN Type of Owner: P *
* Address of Owner/Operator *
* Street: NOT REQUIRED *
* City: NOT REQUIRED State: WY Zip Code 99999 *
* Phone: 2125551212 *
* Current/Previous Indicator: CO Change Date(MMDDYY): *
* *

* Enter-Continue F1-Previous Scr F2-Cancel F3-Exit F5-Curr. Owner *
* F6-Prev. Owner F8-Help F9-First F10-Next *

Its a Corporate Park, there are several Companies
located at 90 Dayton Ave, Bldg 25 is There
bldg # 2/25/92 12:15 NL per Phil Disennaro